



## APPLICATION FOR JUDICIAL BRANCH FEDERAL EMPLOYMENT - AO 78

If you need additional space, continue under "Remarks" listing item number

1. Name Last, First, Middle Initial

2. Phone Number

3. Social Security Number

4. Present Address

5. Place of Birth

6. Other names used for employment purposes

7. Date of Birth

City

State

Foreign Country

8. Are you a U.S. Citizen? **G** yes **G** no - Give the Country of your citizenship

9. a. Were you ever a federal civilian employee? **G** yes **G** no - If yes, highest civilian grade/salary: grade/salary

b. Are you receiving a federal annuity or severance payment? **G** yes **G** no

10. Do you have any relatives who are Judges, Officers or employees of the United States Courts? If so give their names, positions, and relationships to you.

11. Have you ever been discharged from a position or asked to resign under the threat of discharge? ☐ yes ☐ no If yes, explain under Remarks.

12. Have you ever been convicted? ☐ yes ☐ no (You may omit: (1) offenses committed before your 18<sup>th</sup> birthday and adjudicated under a juvenile offender law; (2) offenses adjudicated under a youth offender law; (3) offenses as to which the record has been expunged; (4) minor traffic violations for which you paid a fine of \$100 or less.) If Yes, explain under Remarks.

### 13. EDUCATION

a. Do you have a high school diploma or G.E.D? ☐ yes ☐ no If yes, Date of Completion

b. Name and location of colleges or universities attended (including law schools)	Dates Attended		Credit Hours		Degree	Date Received	Grade Point Average and/or Scholastic Standing
	Quarter	Semester	Quarter	Semester			
Chief Undergraduate Subjects	Credit Hours		Chief Graduate Subjects				Credit Hours
	Quarter	Semester					Quarter Semester

c. Specify special skills, accomplishments, awards, honors, fraternities, sororities & societies. **G** None

d. Other schools or training such as a trade, vocational, military, or business. Give for each: Name and location of school, dates attended, subject studied, certificates, and other pertinent data.

### 14. MILITARY SERVICE

a. Have you ever served on active duty with the military? **G** yes **G** no If yes, attach a copy of DD 214, Notice of Separation

b. Are you retired from military service? **G** yes **G** no

### APPLICANTS FOR LEGAL POSITIONS

a. Are you admitted to the Bar? **G** yes **G** no If yes, list the bar(s) to which admitted and dates of admission:  
Is your Bar membership **G** Active **G** Inactive

b. Did you attend a bar review course? **G** yes **G** no If yes, Dates Attended (month, day, year): from to

## WORK EXPERIENCE

Including experience while in military service.

(Start with your present position and work back 10 years. Use additional page if necessary.)

**May we ask your present employer about your character, qualifications, and work record? A “NO” will not affect our review of your qualifications. If you answer “NO” and we need to contact your present employer before we can offer you a job, we will contact you first.**

☐ Yes ☐ No

**A**

Dates of Employment (month, day, year)		Number of hours worked per week:		Exact Title of Your Position	
From	To				
Salary or Earnings		Classification Grade/Level	Place of Employment	Kind of Business or Organization	
Starting \$	Per	(If in federal service)	City		
Final \$	Per		State or Country		
Name and Address of Employer (firm, organization, etc.)			Name and Title of Immediate Supervisor		
Business Telephone: Area Code Number					
Reason for Leaving					
Description of Work					

**B**

Dates of Employment (month, day, year)		Number of hours worked per week:		Exact Title of Your Position	
From	To				
Salary or Earnings		Classification Grade/Level	Place of Employment	Kind of Business or Organization	
Starting \$	Per	(If in federal service)	City		
Final \$	Per		State or Country		
Name and Address of Employer (firm, organization, etc.)			Name and Title of Immediate Supervisor		
Business Telephone: Area Code Number					
Reason for Leaving					
Description of Work					

**REMARKS:** (Use this space for continuation of answers. List the number of items being continued.)

## APPLICANT CERTIFICATION

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

SIGNATURE \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

CONTINUATION SHEET-AO-78

C

Dates of Employment (month, day, year)		Number of hours worked per week:		Exact Title of Your Position	
From _____ To _____					
Salary or Earnings		Classification Grade/Level	Place of Employment	Kind of Business or Organization	
Starting \$	Per _____	(If in federal service)	City _____		
Final \$	Per _____		State or Country _____		
Name and Address of Employer (firm, organization, etc.)			Name and Title of Immediate Supervisor		
Business Telephone:    Area Code    Number					
Reason for Leaving					
Description of Work					

D

Dates of Employment (month, day, year)		Number of hours worked per week:		Exact Title of Your Position	
From _____ To _____					
Salary or Earnings		Classification Grade/Level	Place of Employment	Kind of Business or Organization	
Starting \$	Per _____	(If in federal service)	City _____		
Final \$	Per _____		State or Country _____		
Name and Address of Employer (firm, organization, etc.)			Name and Title of Immediate Supervisor		
Business Telephone:    Area Code    Number					
Reason for Leaving					
Description of Work					

“This information is being solicited pursuant to Public Law 93-579, the Privacy Act of 1974, from individuals completing federal records and forms requesting personal information.”

“Complete section C of this form and submit it with your application. The form will be separated from your application and kept confidential. This information is being gathered to evaluate the effectiveness of the recruitment process. It will be used only for statistical and analytical purposes.”

# SELF-IDENTIFICATION OF HANDICAP

(See instructions and Privacy Act information on reverse)

Last Name, First Name, Middle Initial	Birth Date (Mo./Yr.)	Social Security Number	ENTER CODE HERE →
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**DEFINITION OF A HANDICAP:** A person is handicapped if he or she has a physical or mental impairment which substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. Those handicaps that

are to be reported are listed below (codes in bold numbers 13 through 94). In the case of multiple impairments, choose the code which describes the impairment that would result in the most substantial limitation.

**TO THE EMPLOYEE:** Self-identification of handicap status is essential for effective data collection and analysis. The information you provide will be used for statistical purposes only and will not in any way affect you individually. While self-identification is voluntary, your cooperation in providing accurate information is critical.

**01** I do not wish to identify my handicap status. (Please read the employee note above and the reverse side of this form before using this code.) (Note: Your personnel officer may use this code if, in his or her judgment, you used an incorrect code.)

**05** I do not have a handicap.

**06** I have a handicap but it is not listed below.

## SPEECH IMPAIRMENTS

**13** Severe speech malfunction or inability to speak; hearing is normal (Examples: defects of articulation [unclear language sounds]; stuttering; aphasia [impaired language function]; laryngectomy [removal of the "voice box"])

## HEARING IMPAIRMENTS

**15** Hard of hearing (Total deafness in one ear or inability to hear ordinary conversation, correctable with a hearing aid)

**16** Total deafness in both ears, with understandable speech

**17** Total deafness in both ears, and unable to speak clearly

## VISION IMPAIRMENTS

**22** Ability to read ordinary size print with glasses, but with loss of peripheral (side) vision (Restriction of the visual field to the extent that mobility is affected—"Tunnel vision")

**23** Inability to read ordinary size print, not correctable by glasses (Can read oversized print or use assisting devices such as glass or projector modifier)

**24** Blind in one eye

**25** Blind in both eyes (No usable vision, but may have some light perception)

## MISSING EXTREMITIES

**27** One hand

**28** One arm

**29** One foot

**32** One leg

**33** Both hands or arms

**34** Both feet or legs

**35** One hand or arm and one foot or leg

**36** One hand or arm and both feet or legs

**37** Both hands or arms and one foot or leg

**38** Both hands or arms and both feet or legs

## NONPARALYTIC ORTHOPEDIC IMPAIRMENTS

(Because of chronic pain, stiffness, or weakness in bones or joints, there is some loss of ability to move or use a part or parts of the body.)

**44** One or both hands

**47** One or both legs

**45** One or both feet

**48** Hip or pelvis

**46** One or both arms

**49** Back

**57** Any combination of two or more parts of the body

## PARTIAL PARALYSIS

(Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body, including legs, arms, and/or trunk.)

**61** One hand

**67** One side of body, including one arm and one leg

**62** One arm, any part

**63** One leg, any part

**64** Both hands

**68** Three or more major parts of the body (arms and legs)

**65** Both legs, any part

**66** Both arms, any part

## COMPLETE PARALYSIS

(Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is a complete loss of ability to move or use a part of the body, including legs, arms, and/or trunk.)

**70** One hand

**76** Lower half of body, including legs

**71** Both hands

**77** One side of body, including one arm and one leg

**72** One arm

**73** Both arms

**74** One leg

**78** Three or more major parts of the body (arms and legs)

**75** Both legs

## OTHER IMPAIRMENTS

**80** Heart disease with no restriction or limitation of activity (History of heart problems with complete recovery)

**81** Heart disease with restriction or limitation of activity

**82** Convulsive disorder (e.g., epilepsy)

**83** Blood diseases (e.g., sickle cell anemia, leukemia, hemophilia)

**84** Diabetes

**86** Pulmonary or respiratory disorders (e.g., tuberculosis, emphysema, asthma)

**87** Kidney dysfunctioning (e.g., if dialysis [Use of an artificial kidney machine] is required)

**88** Cancer—a history of cancer with complete recovery

**89** Cancer—undergoing surgical and/or medical treatment

**90** Mental retardation (A chronic and lifelong condition involving a limited ability to learn, to be educated, and to be trained for useful productive employment as certified by a State Vocational Rehabilitation agency under section 213.3102(t) of Schedule A)

**91** Mental or emotional illness (A history of treatment for mental or emotional problems)

**92** Severe distortion of limbs and/or spine (e.g., dwarfism, kyphosis [severe distortion of back])

**93** Disfigurement of face, hands, or feet (e.g., distortion of features on skin, such as those caused by burns, gunshot injuries, and birth defects [gross facial birthmarks, club feet, etc.]

**94** Learning disability (A disorder in one or more of the processes involved in understanding, perceiving, or using language or concepts [spoken or written]; e.g., dyslexia)

The Rehabilitation Act of 1973 (P.L. 93-112) requires each agency in the Executive branch of the Federal Government to establish definite programs that will facilitate the hiring, placement, and advancement of handicapped individuals. The best means of determining agency progress in this respect is through the production of reports at certain intervals showing such things as the number of handicapped employees hired, promoted, trained, or reassigned over a given time period; the percentage of handicapped employees in the work force and in various grades and occupations; etc. Such reports bring to the attention of agency top management, the Office of Personnel Management (OPM), and the Congress deficiencies within specific agencies or the Federal Government as a whole in the hiring, placement, and advancement of handicapped individuals and, therefore, are the essential first step in improving these conditions and consequently meeting the requirements of the Rehabilitation Act.

The handicap data collected on employees will be used only in the production of reports such as those previously mentioned and not for any purpose that will affect them individually. The only exception to this rule is that the records may be used for selective placement purposes and selecting special populations for mailing of voluntary personnel research surveys. In addition, every precaution will be taken to ensure that the information provided by each employee is kept in the strictest confidence and is known only to the one or two individuals in the agency Personnel Office who obtain and record the information for entry into the agency's and OPM's personnel systems. You should also be aware that participation in the handicap reporting system is entirely voluntary, **with the exception of employees appointed under Schedule A, section 213.3102(t) (Mental Retardation); Schedule A, section 213.3102(u) (Severely Physically Handicapped); and Schedule B, section 213.3202(k) (Mentally Restored).** These employees will be requested to identify their handicap status and if they decline to do so, their correct handicap code will be obtained from medical documentation used to support their appointment. No other employees will be required to identify their handicap status if they feel for any reason it is not in their best interest to have this information officially recorded outside of medical records. We request only that anyone not wishing to have this information entered in the agency's and OPM's personnel systems indicate this to their Personnel Office, rather than intentionally miscoding themselves, since false responses will seriously damage the statistical value of the reporting system.

[In those instances where the employee is or was hired under Schedule A, section 213.3102(t) (Mental Retardation), the Personnel Director or his/her designee (a Vocational Rehabilitation Counselor may also be helpful) **will assist the individual in completing this form and ensure that the employee fully understands the meaning of the form and the options available to him/her, as noted above.**]

Employees will be given every opportunity to ensure that the handicap code carried in their agency's and OPM's personnel systems is accurate and is kept current. They may exercise this opportunity by asking their Personnel Officer to see a printout of the code and definition from their record, by notifying Personnel any time their handicap status changes, and by initiating action in either of these cases to have the necessary changes made to their records. The code carried on employees in their agency's system will be identical to that carried in OPM's system, and any change to the agency records will result in the same change being made to OPM's records.

Your cooperation and assistance in establishing and maintaining an accurate and up-to-date handicap report system is sincerely appreciated.

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### PRIVACY ACT STATEMENT

Collection of the requested information is authorized by the Rehabilitation Act of 1973 (P.L. 93-112). The information you furnish will be used for the purpose of producing statistical reports to show agency progress in hiring, placement, and advancement of handicapped individuals and to locate individuals for voluntary participation in surveys. The reports will be used to inform agency top management, the Office of Personnel Management (OPM), the Congress, and the public of the status of programs for employment of the handicapped. All such reports will be in the form of aggregate totals and will not identify you in any way as an individual.

Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397, which requires agencies to use the SSN as the means for identifying individuals in personnel information systems. Your SSN will only be used to ensure that your correct handicap code is recorded along with the other employee information that your agency and OPM maintain on you. Furnishing your SSN or any other of the requested data for this collection effort is voluntary and failure to do so will have no effect on you. It should be noted, however, that where individuals decline to furnish their SSN, the SSN will be obtained from other records in order to ensure accurate and complete data.

Employees appointed under Schedule A, section 213.3102(t) (Mental Retardation), Schedule A, section 213.3102(u) (Severely Physically Handicapped), or Schedule B, section 213.3202(k) (Mentally Restored) are requested to furnish an accurate handicap code, but failure to do so will have no effect on them. Where employees hired under one of these appointments fail to disclose their handicap, however, the appropriate code will be determined from the employee's existing records or medical documentation submitted to justify the appointment.